



**CITY OF SOMERVILLE, MASSACHUSETTS**  
**FIRE DEPARTMENT**  
**FIRE PREVENTION BUREAU**  
**1 Franey Road Somerville, Massachusetts 02144**  
**TEL: (617) 623-1700 Ext#8400**  
**FAX: (617) 666-4597**

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**  
**FOR SALE OR PURCHASE**

In accordance with the provisions of MGL Chapter 148, as required by Section 26C, 26E, 26F and 26F1/2, application is hereby made to inspect the installation of approved smoke detectors and carbon monoxide alarms.

**Property Address**

**Name of Applicant:**

(Full name of person, firm or corporation)

**Phone #**

(Contact person that will be present during inspection)

**Future Owners Name:**

**Phone #:**

**Number of dwelling units to be inspected:**

**Total dwelling units on property:**

**Commercial property attached:**

**Name of business:**

**Are Sprinklers Present:** Yes ☐ No ☐

**Name of Monitoring Company:**

**Date scheduled:** \_\_\_\_\_ 20 **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of completed:** \_\_\_\_\_ 20